Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20815

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENA LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete Ti

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	S. Senate ID #	
	8932-24	

1. Registrant Name			
Chayet Communications Group,			
2. Address Check if different than previously reported	•		
One Financial Center			
3. Principal Place of Business (if different from line 2)			
City: Boston State	Zip (or Country) MA 02111		
4. Contact Name Telephone	E-mail (optional)	5. Senate ID #	
Neil L. Chayet 617-654-800	0 nlchayet@mintz.com	8932-24	
7. Client Name Self		6. House ID #	
Boston Medical Center Corpora	tion	33067001	
 Check if this filing amends a previously filed version of this Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either 	Date	11. No Lobbying Activity	
12. Lobbying Firms	13. Organiza	tions	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:		
Less than \$10,000 🔯	Less than \$10,000 🚨		
	\$10,000 or more		
S10,000 or more S Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.		
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definitions only		
activities on behalf of the client).	Method B. Reporting amounts under section 6033(b)(8)of the Internal Revenue Code		
	Method C. Reporting amounts un Internal Revenue Cod		
ignature			
rinted Name and Title Neil L. Chayet,	President		

	Chayet Communications Group, Inc.	Client Name Boston	Medical Center	Corporation
Registrant Name		***************************************		- 2.4 ly sha majetunat
engaged in lobbying	ITVITY. Select as many codes as ng on behalf of the client during the puested. Attach additional page(s)	ne reporting period. Usi as needed.	e generai issue areas in ing a separate page foi	each code, provide
15. General issue	area code HCR (one per	page)		
16. Specific lobby	ying issues			•
Medicaid	Nedicare Reimbursemen	t and Health Re	form Issues	
		;		
	ongress and Federal agencies cont		ck if None	
Health C	are Financing Administ	ration		
18. Name of each	individual who acted as a lobbyist	t in this issue area		
18. Name of each	individual who acted as a lobbyist	\$	overed Official Position (if appli	cable) .
18. Name of each	•	\$	overed Official Position (if appli	cable) .
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Neil I	Name L. Chayet	C	-	
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Neil I	Name L. Chayet	C	-	